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To Whom It May Concern:

I would like to take this opportunity to give you an example as to why we need to remove the PBM's from the insurance industry.

A while ago we all heard the heartbreaking story of Alec Smith, the 26 year old who had passed away because he was rationing his insulin due the expense of his medication.

The story that I watched on the evening news placed blame on the PBM's causing a cost increase in diabetic medications. While I agree with this, I also was looking at this in a different light. I was angry, this person died because his insulin was beyond what he could afford. As the story was told he had aged out of his mother's insurance and getting insurance on his own was more money than he could afford and even if he could purchase the plan the deductible was around \$7,600. He needed to reach that before they even started paying for his insulin and supplies.

My thoughts went immediately to: what pharmacy was he using? Was his script flagged for a pharmacist to reach out to him and see if he had insurance or if he needed help with the cost? Was he offered other options and counseled on why he should not skip a dose of insulin? These questions were important to me because if this person had walked into our store, an independent pharmacy, we would have more than likely known the patient and his family. We would have seen his lack of insurance and the cost of the insulin. We would have started looking at options for the patient.

There are so many options for us to help someone, and we make the time to insure the patient understands all of them. Some of these options would have been to look for coupons from manufactures for the medication, or call the doctor's office and see if there is another option for a less expensive insulin. We are aware of help that the local towns can offer for people who need some help, I myself have called our local town hall and had medication paid for from a community fund. Last but not least, that patient would never have left without medication. The patient would have been given enough medication to get them through while we worked on an alternate solution. They would have spoken to our pharmacist and we would have made sure the patient was aware not to ration medication.

The examples above are not what we get in the large corporate pharmacy world. I worked in that world for 16 years, and while I will always appreciate everything I learned, there is no time to help the community, and the person at the register will not blink an eye at a \$1,300.00 medication. They just ring it in the register, if you buy it fine, if not it gets returned to stock. Often the technicians are not trained

or don't care enough to learn about the medications. For them it is just a job. There are hundreds of phone calls to be made along with other tasks that they must complete in order to meet corporate metrics. I don't see anything wrong with metrics but often it takes away from the most important part of working in the pharmacy - the patients.

People in communities all over the United States are losing their loved ones to drug overdoses, gun violence, and so many other unthinkable acts. Losing a loved one because they are rationing their medication due to the increased pricing of medication caused by the PBM's should not be one of them.

This is fixable. This should not take a lot of red tape to correct.

If PBM's continue to take money from the independent pharmacies, more of these independent pharmacies have to sell or close their businesses and our community's needs and struggles are lost sight of as well. A majority of independent pharmacies are locally owned and are there to serve the health needs of the same people we see in the grocery store, at high school games, and in our neighborhoods. We care deeply and we make time to help people.

The way PBM's have changed medication costs and fees have put independent pharmacies in a position where we have to turn away our local patients and push them into a corporate setting. Not only does that cause the patient to lose a personal connection, making them just another face in the crowd, but it also affects their health and finances.

We really need our representatives to recognize that PBM's don't just drive up the cost of the medications. They are creating a system that affects the patient's well-being and takes away from the independent pharmacy that tries to advocate for our patients health.

Sincerely,

Gina Chamberlain, CPht